



Docket No.: 246472003920
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Helmut D. LINK et al.

Application No.: 10/731,432

Confirmation No.: 5128

Filed: December 10, 2003

Art Unit: 3733

For: INSTRUMENT SET FOR FITTING AN
INTERVERTEBRAL JOINT PROSTHESIS

Examiner: Richard R. Shaffer

AMENDMENT UNDER 37 CFR 1.111

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Action dated September 8, 2006, please amend the application as follows.

Amendments to the Specification begin on page 2.

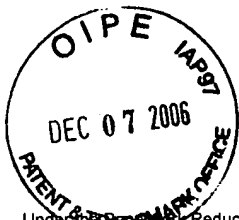
Amendments to the Claims begin on page 3.

Amendments to the Drawings begin on page 9 and include attached replacement sheets.

Remarks begin on page 10.

An **Appendix** including amended drawing figures is attached following the Remarks.

12/30/2006 SZENDIEI 03330103 031952 13731432
01 FC1202 100.00 00



FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/731,432
		Filing Date	December 10, 2003
		First Named Inventor	Helmut D. LINK
		Examiner Name	R. R. Shaffer
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3733
TOTAL AMOUNT OF PAYMENT		(\$)	100.00
		Attorney Docket No.	246472003920

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
23 - 21 = 2		x	50.00	=	100.00		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
8 - 8 =		x		=			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____	/50	_____ (round up to a whole number) x	_____	=	_____		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	42,477
Name (Print/Type)	Jill DeMello Hill	Telephone	(703) 760-7718
		Date	December 7, 2006